

12/03/01
JC923 U.S. PTO

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UTILITY	Atty Doc. No. <u>87/000048</u> Total Page <u>26</u>
PATENT APPLICATION	FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER
TRANSMITTAL	KACZUN et al.
	Express Mail Label No. _____

09/998237 Pro
12/03/01

Application Elements

Address To. Assistant Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

1. / X / Fee transmittal Form
(Submit an original, and a duplicate for fee processing)
2. / X / Specification Total Pages 21
(Preferred arrangement set for below)

Descriptive title of the Invention

6. / / Microfiche Computer Program (Appendix)

Cross References to Related Application

7. / / Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

Statement Regarding Fed. Sponsored R & D

a. / Computer Readable Copy

Reference to Microfiche Appendix

b. / Paper Copy (Identical to computer copy)

Background of the Invention

c. / Statement verifying identity of above copies

Brief Summary of the Invention

ACCOMPANYING APPLICATIONS PARTS

Brief Description of the Drawings (if filed)

8. / X / Assignment Papers (cover sheet & document(s))

Detailed Description

9. / / 37 CFR 3.73(b) Statement / / Power of Attorney

Claim(s)

10. / / English Translation Document (if applicable)

Abstract of the Disclosure

11. / / Information Disclosure / / Copies of IDS Citations

3. / / Drawing(s) (35 USC 113) (Figs.) Total Sheets / /

12. / X / Preliminary Amendment

4. / X / Oath or Declaration Total Pages / 3 /

13. / X / Return Receipt Postcard (MPEP 503)

a. / X / Newly executed (original or copy)

(Should be specifically itemized)

b. / Copy from a prior application (37 CFR 1.63(d))
(For Continuation/Divisional with Box 17 completed)14. / / Small Entity / / Statement filed in prior application
Statements Status still proper and desiredi. / / DELETION OF INVENTOR(S)15. / / Certified Copy of Priority Document(s)
(if foreign priority is claimed)

5. / / Incorporation by reference (useable if Box 4b is checked)

16. / / Other _____

The entire disclosure of the prior application, from which a
copy of the oath or declaration is supplied under Box 4b
is considered as being part of the disclosure of the accompanying
application and is hereby incorporated by reference therein._____

17. If a Continuing Application, check appropriate box and supply the requisite information:

/ / Continuation / / Divisional / / Continuation-in part (CIP) of prior application No. _____

CORRESPONDENCE ADDRESS

/ / Customer Number or Bar code Label

or / / Correspondence address below

Insert Customer No. or Attach bar code label here

Name: Herbert B. Keil
KEIL & WEINKAUFAddress: 1101 Connecticut Ave., N.W.City Washington State. D.C. Zip Code 20036Country USA Telephone: (202)659-0100 Fax: (202)659-0105

The filing fee has been calculated as shown below:

Number For: Filed	Number Extra	SMALL/LARGE ENTITY	BASIC FEE \$370./\$740
Basic Fee.....			\$ 740.00
Total Claims: <u>8</u> -20 = <u> </u>	x \$ 9 /\$18	=	\$ _____
Indep. Claims: <u>1</u> -3 = <u> </u>	x \$42/84	=	\$ _____
[] Multiple Dependent Claim(s) presented: \$140/280		=	\$ _____
[] Non-English specification fee: \$130		=	\$ _____
[] A check is enclosed for the filing fee.		=	\$ 740.00

*If the difference is less than zero, enter "0".

A check for \$ 780.00 for the filing fee and recordation fee.

The Commissioner is hereby authorized to charge any other fee required, including the issue fee, in connection with the filing and prosecution of this application, and to the extent necessary, applicant(s) hereby petition for extension(s) of time under 37 CFR 1.136, to be charged to our Deposit Account 11-0345.

Respectfully submitted,
KEIL & WEINKAUF



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HBK/mks